

EXHIBIT C



M 1 <malena214@gmail.com>

RE: Health Insurance Update

1 message

Tue, Jan 9, 2018 at 3:50 PM

[REDACTED]
To: M Fogarty <malena214@gmail.com>

Malena,

Per the text I shared with you I am very concerned about things.

The below contact info is for two firms that have top billing reputations (tommy already met with one).

With contact law and negotiations and legal advise/counsel.

<http://www.vmmlegal.com/> - Vishnick McGovern Millizio – Partner Joseph Millizio (tommy already met with him).

I have another recommendation coming. Top firm large corporate house. Real killer will fight for tommy. I will email once they have the proper name as my contact this issue would not be their main area of focus.

Regards

From: M Fogarty [mailto:malena214@gmail.com]
Sent: Tuesday, January 09, 2018 3:25 PM
To: [REDACTED]
Subject: Fwd: Health Insurance Update

----- Forwarded message -----
From: **M Fogarty** <malena214@gmail.com>
Date: Thu, Jan 4, 2018 at 12:37 PM
Subject: Fwd: Health Insurance Update
[REDACTED]

Fyi

----- Forwarded message -----
From: "M Fogarty" <malena214@gmail.com>
Date: Jan 3, 2018 8:26 PM
Subject: Health Insurance Update
To: "Thomas Gorman" <tgorman@highburyconcrete.com>, "Thomas Fogarty" <tfogarty@highburyconcrete.com>, "jduffy" <jduffy@highburyconcrete.com>

Cc:

Every single day that passes Highbury is at risk for a penalty of approximately \$500,000 for not being ACA compliant (see attached Employer mandate sheet). On Dec 12th we received a quote from 2 different brokers who had gone to the carriers to obtain quotes on our behalf - both Denise and Javier provided at least 2 options including Emblem in their proposal. Your broker called me on Dec 10th and stated he was too busy to provide a quote.

A couple of days later you met with Jonathan who provided generic information he found online not specific to Highbury because he hadn't gone to the carriers to obtain a quote yet. Jonathan went to Emblem this week and stated we have 80 people enrolled in medical insurance which we don't, so his quote will be invalid. He tried to obtain a quote from Oxford despite not being the broker of record and knowing that's illegal. So as a result of the duplicate activity we're now being audited by Oxford and the FTE form is necessary.

Furthermore, from an administrative standpoint I need to start the transition for the Care Connect employees by Friday 1/5/18 and everything is still up in the air. It's not fair that their insurance provider will no longer provide service by the end of this month and we've yet to tell them who will be their next carrier so they can check if their doctors are covered, find new doctors, etc. They have a legal right to coverage that's comparable to what they have now and were staying silent (see email below from Noreen Corcoran).

At the end of the day we need insurance from a company that has no minimum participation required because we will have a very low turn out. As I previously mentioned when I met with the field employees they expect the insurance to be free and it's not. There's only 2 medical providers that have no minimum participation which is Oscar (who refuse to offer us insurance) and Emblem. We had 2 brokers who went to Emblem in November obtain quotes and provided us the info on Dec 12th, which would've allowed us to have everyone covered and be compliant by Jan 1st. So if time of the essence and none of us wants the company to be fined half a million dollars why are we now going to a third broker who will provide us the same exact info we received on Dec 12th?

----- Forwarded message -----

Date: Jan 3, 2018 2:58 PM
 Subject: Health Insurance
 To: "M Fogarty" <malena214@gmail.com>
 Cc:

Hi Malena,

Happy 2018!

I'm sorry to bother you, but we have not heard anything regarding our new Coverage, which should start on Feb 1st. The last Enda said to me was that on Dec 19th a new woman from the office, came down and told him that he was being put on to Oxford and not to worry. However, he has not filled out any paperwork that would lead me to believe that is true. I am very concerned that we will be left without coverage, effective Feb 1st. I have previously worked as a health plan administrator for a small business and am well aware that we are running out of time to have comparable coverage in place by 2/1.

As you are well aware, both [REDACTED] have medical needs. [REDACTED] is scheduled for his annual hearing evaluation in Feb, in which the results may require another surgery. I am also scheduled for some tests that cost several thousands and I cannot and will not pay out of pocket.

If our coverage lapses, we run the risk of being unable to obtain health insurance at all. The open enrollment period is well over. Even with the extenuating circumstance of an employer of 100+ employees, failing its due diligence and offering its employees MEC (minimum essential coverage), we may not be able to obtain coverage for several months, or even for the 2018 year. **If I have to call the NYS Dept of Health, they will ask why Highbury is no longer covering Enda and family. This will definitely lead to Highbury receiving an audit and fines through the Dept of the Treasury. I do not want to be the cause of Highbury getting charged any fines, which I think are approximately \$2000 per employee. See below 2015/16 fines**

"Fees or penalties for Non-compliance: Such employers who do not offer coverage and do have at least one full-time employee who receives a premium tax credit will be assessed a fee of \$2,000 per full-time employee, but this excludes the first 30 employees from the

assessment. Such employers that offer coverage but that have at least one full-time employee receiving a premium tax credit (available up to 400% annual FPL) will be required to pay the lesser of \$3,000 for each employee receiving a premium credit or \$2,000 for each full-time employee, excluding the first 30 employees.'

I'm sorry to be a bother, but I would like some information so that I can adequately prepare. Health insurance is not something that I screw around with. Many people have never had to use major medical, lucky for them, but my family has had close to 1.6 million in medical bills in the last 3 yrs, that were covered by insurance, out of pocket for us is in the THOUSANDS.

If I can offer any assistance, to expedite this process, please let me know.

Regards,

A black rectangular redaction box covering the signature of the sender.